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SOUTH SANTA CLARA COUNTY MIGRANT TREATMENT CLINIC.

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IN THE SUMMER OF 1965, A MIGRANT HEALTH CLINIC WAS STARTED IN THE SOUTHERN PART OF SANTA CLARA COUNTY, CALIFORNIA. THE CLINIC DIFFERS FROM THE PUBLIC HEALTH DEPARTMENT'S CLINICS BY OFFERING TREATMENT AND MEDICATION, INSTEAD OF ONLY PREVENTIVE SERVICES. THE ENTIRE STAFF, FROM DOCTORS TO BABY-SITTERS, VOLUNTEERS ITS TIME, AND THE CLINIC IS NOW OPEN FOR THREE TO FIVE HOURS, THREE EVENINGS PER WEEK DURING THE SEASON WHEN THE MIGRANTS ARE IN THE COUNTY. IN 1966, THE CENTER REMAINED OPEN FROM JUNE TILL DECEMBER, OFFERING SPECIAL PROGRAMS IN THE FIELDS OF PRENATAL EXAMINATIONS, OB-GYN EXAMINATIONS, NEUROLOGY, PSYCHIATRY, ETC. HEALTH EDUCATION IS ALSO PROVIDED FOR THE MIGRANTS BY MEANS OF SPANISH LANGUAGE, HEALTH AND HYGIENE MOVIES SHOWN TO WAITING PATIENTS. THIS SPEECH WAS PRESENTED AT THE NATIONAL OUTLOOK CONFERENCE ON RURAL YOUTH, OCTOBER 23-26, 1967, WASHINGTON, D. C., SPONSORED JOINTLY BY THE U. S. DEPARTMENTS OF AGRICULTURE, HEALTH, EDUCATION, AND WELFARE, INTERIOR, AND LABOR, OEO, AND THE PRESIDENT'S COUNCIL ON YOUTH OPPORTUNITY. (CL)

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SOUTH SANTA CLARA COUNTY MIGRANT TREATMENT CLINIC
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It is my purpose today to describe briefly a family health service program for migrant seasonal farm workers in the South Santa Clara County area of California, sponsored by the County Medical Society. But first let me present a little background on the rural aspects of our area. The farming industry is one of the major sources of employment in the county, which also has the largest canning activities of any county in the United States, handling a wide range of fruit and vegetable produce from adjacent counties. Seasonal workers are used to some extent throughout the year, and migrant labor at least nine months of the year. The largest number of migrant workers occurs at the peak of the prune harvest which requires approximately 70% of the total seasonal work force. The number of separate migrant individuals who come into the area for at least a brief period during the crop season is estimated to be over 7,000 and 55% of these are youth, one-half of whom are non-working family dependents. The migrant population is comprised of 90% of individuals whose ancestry is Mexican and Mexican-American. Eighty-three per cent of the migrants have total family annual incomes of $3,000 or less. Seventy-five per cent of the adults have 8 years or less education, and 15% have had no schooling at all. Ninety-one per cent do not have a "nest egg" of any kind for times of extra need or low income.

For a number of years now there has remained a more or less constant number of between 200 to 300 farm camps in the South County area where the farms and fruit ranches are concentrated. Although most of these camps approach bare minimums set for this kind of housing, they rarely exceed standards which would be definitely substandard for urban communities. Perhaps a case history taken from last month's routine report by our Clinic's social worker will provide some insight into the migrant housing situation in affluent California... and I quote: "Efforts are now being made to place a nineteen year old girl, a high school graduate treated at the Clinic, in the anti-poverty New Careers program as a school aide. The girl and her parents will not return to Texas to work as the floods have destroyed the crops in the area where they live, I found these conditions: In a two room cabin, there were seven adult members (over 16 years of age) and four young children. The roof leaked in many places. The family is working in the tomatoes. The children are in school though it is difficult for the mother to provide clean clothing and bathe the children under the conditions in which the family is living."

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Dr. Stanley A. Skillicorn

Now, let me get to the treatment clinic itself. The known health needs of seasonal and migrant farm workers are great; many needs have not been evaluated. These workers' intermittent incomes are so marginal as to discourage them from requirements, medical care is only partly provided through county agencies. Seeking and accepting medical care is further complicated by a lack of basic medical knowledge and health hygiene facts related to their environment.

California State law includes all agricultural workers under a limited workman's compensation and disability insurance, which is prepaid by the employer through a 1% wage deduction. But, the physician's services, x-rays, laboratory fees, and drug costs are not covered. The public health department for years has done case finding related to contagious and infectious diseases, has held immunization clinics, child health clinics, and prenatal summer clinics for migrant farm families. But one of the persistent problems which has confronted the various Public Health clinics and activities has been that many migrant families do not fully understand the philosophy of preventive medicine and the services rendered by the Health Department. Many families expect medical care services and are disappointed when they cannot get them. They want treatment when they are sick rather than advice when they are well.

In the Spring of 1965 I became acutely aware of a problem concerning South County medical treatment services. Lack of residence requirements made many people ineligible for treatment at the county hospital unless it was on an emergency basis. Even county hospital eligible patients in South County had problems, since they had to travel 60 or more miles round trip to the hospital for day-time clinics, task was increasingly difficult if revisits became necessary. In the past, attempts were made by the county to solve this problem by contracting for medical services with local physicians in South County. However, this failed for a variety of reasons, not the least of which was the fact that the few practicing physicians in that area were already worked to capacity, each of them carrying twice the patient load their urban-practicing colleagues carried. They simply could not take on the additional load of 7,000 migrants who converged on the area in the summer months, and they wouldn't be able to do so even if the migrants could afford to pay for private care.

So....rather impulsively I decided to set up a clinic in the area to provide some temporary treatment facilities for the migrants and in so doing to ascertain the magnitude of their health needs so that subsequent programs might be planned more intelligently. As president-elect of the Medical Society I was able in three weeks' time to secure on a rotating basis the volunteer services of more than 50 physicians plus volunteers from the County Nurses Association, Medical Lab Technicians Association, and the Interfaith Migrant Council. Drugs were procured with the cooperation of the County Executive's Office, and the County Public Health Department supplied the quarters for the clinic in San Martin, a small town 25 miles south of San Jose in the heart of the county's agricultural section. San Jose, incidentally, is 50 miles south of San Fran-

cisco. The entire operation was implemented from top to bottom on a voluntary basis, with twice weekly evening clinics treating acute illnesses among domestic migrant farm labor families.

Looking back at our initial efforts I shutter at the crudeness of our medical set-up. It was somewhat like an overseas remote island mission; we had to improvise at every turn, since we were limited in personnel, facilities, equipment, drugs, and in everything. Nevertheless, that first summer clinic provided everyone involved in it with profound and exciting experiences beyond description. And I am afraid we will never be able to recapture the spirit that was generated there. Picture, if you will, teams of highly talented professionals and highly concerned non-professionals, after a full day's work, driving individually 50 miles round trip to work 3 to 4 more hours on a voluntary basis, night after night throughout that summer. They were not even provided travel expenses. From the very start we somehow developed a sort of compadre relationship with the migrants; we tried above all to build a sense of trust, and to avoid the temptation to be authoritative or paternalistic toward them.

We rapidly learned that there are many frustrations connected with working with people whose style of living differs so sharply from our own. I'll never forget the evening we arrived at the clinic after it had been in operation for about a week. We had advertised the availability of the free medical clinic intensively throughout the area by means of circulars in English and Spanish, by spot announcements over the Spanish-speaking radio, and by word of mouth throughout the camps. And there I sat on that particular night with a full crew of experts, whom I had cajoled into adventurous service, waiting anxiously for the first patient of the evening. It was apparent that some of the crew had come out of curiosity, for none of them had ever seen a migrant before. I'm sure that several of them suspected that none existed; and their suspicions were justified after we restlessly sat there for three long hours, because not one single patient showed up that night! Oh, how I secretly prayed for an instant migrant to walk through that door. If he had, I am sure he would have been treated like no patient has ever been treated before. I went home that night discouraged and certain that the whole clinic concept was a mistake; but I learned a few days later what had happened. I discovered that on that night each week, a local drive-in movie showed Mexican films during the summer months, and only charged $1.50 per car, allowing as many occupants as it would hold. We discovered that in the lonely, drab existence of migrants, entertainment has a high priority....even over health. Needless to say we changed our clinic schedule. We rapidly gained in popularity thereafter and have been growing ever since. In 1966 we received a Federal Public Health Service Grant, and this was renewed this year.

During the three summer months of 1965 a total of 735 patient visits were made to the clinic. In the summer of 1966 this number increased to 1,029, and this year a total of 2,444 patients were treated during the summer. In 1966 and again this year we have extended the clinic three months into December to

provide care for a significant number of migrants who now live in South County in the off-season or who work the late crops. 698 additional patients were seen between September 15th and December 15th last year. At present there is much stirring in the community pushing for the clinic to run all year. Incidentally, 47% of the migrants treated in our clinic are from California, 27% from Texas, 14% from Arizona, and 12% from other States.

And what have we grown to now? Well, certainly the quality of the medical care has improved as we have been able to expand. All kinds of previously existing barriers have been removed. The County hospital has cooperated eagerly and accepts all our referrals, eligible or not. The usual clinic staff on three nights of each week, from three to five hours each night, consists of three aides, one social worker, two physicians, two RNs, one laboratory technologist, one pharmacist, and a coordinating Public Health Nurse. For two of the three clinic nights during the peak of the harvest season, a third physician was added. Because of the high percentage of children treated, a Pediatrician is present at all clinics serving along with a general practitioner or specialist in adult medicine. Coordinated follow-up services by district Public Health Nurses with the regular health department clinics in the field, assures continuity of care for almost all patients. Immunization clinics are given as part of the regular evening clinic services and thus reduce the fragmentation of medical care previously experienced by the patients. Semi-professional aides and VISTA workers assigned to the clinic as intake workers, interpreters and assistants with transportation, etc., are invaluable to the smooth functioning of the clinic. 'Teen-age youngsters of farm and ranch owners joined in the voluntary services this year. Outreach activities in the migrant camps and in the community are provided by these workers as well as by various voluntary organizations such as the interfaith Migrant Council, Migrant Ministry, Community Councils and Lions Club.

Also, this year, we were able to obtain the voluntary services of a number of Dentist and dental assistants to provide nightly services. Each patient entering the Clinic is provided tooth-paste and a tooth-brush, as well as dental instructions. Specialty clinics several nights each month provide services of prenatal examinations, Ob-Gyn examinations, Neurology, Psychiatry, E.N.T. services, etc., upon referral from regular clinic staff. All patients now get a mini-film X-ray. Health education movies in Spanish are shown throughout each clinic night for those waiting to be seen, and 'teen-age volunteers staff a children's play-room to care for youngsters while the parents are being examined. A weekly clinic staffed with personnel trained in family planning is held, and supplies of pills, loops, diaphragms and other contraceptives are available.

Time just does not allow the description of a variety of other services and activities associated with the clinic. Suffice it to say that in addition to providing basic health care, we are involved in a number of social, edu-

cational, welfare, and recreational activities; we are attempting to educate migrant families as to the need and advantage of obtaining medical services; we are attempting to demonstrate to migrant families their individual responsibilities to learn the procedures necessary to acquire medical services. But there is something even more significant that all those things that results from a clinic of this sort, and I'll conclude my remarks by relating a personal experience in an attempt to explain what I mean.

Shortly after we started the clinic in 1965, I had the opportunity one night to examine a 17-year old Mexican girl named Maria, who had arrived from Texas one week previously. She came to the clinic directly from a long day in the fields, with a complaint of headaches of three months' duration. Though dirty and tired, she was vivacious and attractive in her ragged jeans and workingman's shirt. She was highly intelligent and had a personality which charmed everyone it touched. Examination revealed signs of an advanced brain tumor. Through an interpretor I confidentially explained the seriousness of the problem to her father, who became extremely upset, particularly because his wife, Maria's mother, several years before had died from a brain tumor. Maria was sent to the County hospital immediately, and I have never seen her since. The story might end here. However, several subsequent events have contributed toward making Maria a significant part of my life. I later learned that she was operated upon that same night for what proved to be a malignant tumor, and she was left with paralysis of one side of her body. Some inter-faith migrant volunteers heard about her and took it upon themselves to "adopt" her, as it were, with daily visits during the many months of difficult rehabilitation in the hospital; you can imagine how many loving relationships developed in the provess. The father and the other children in the meantime had to move on to Salinas for work and survival. One night at the Clinic, about two weeks after I had seen Maria, I discovered her father sitting among other patients waiting to see me. I was informed that he had made a special trip to personally thank me. He merely grasped my hand, and with tears in his eyes said: "Maria lives....gracias!" and then he quickly turned and left.

The next contact occurred six months later when I found an unexplained package of Salinas celery on the front porch of my home. Then I heard nothing until four months ago, when just by chance I heard a progress report on Maria from a local inter-faith migrant volunteer who had kept in close touch with the family from the very beginning. Maria had finally left the hospital and rejoined her family in Salinas and had managed to complete her high school studies in time for June graduation despite a severe handicap of one-sided weakness and speech difficulties. But the volunteer who gave me the report was much more excited about something else. She had just learned that Maria had accepted her invitation to spend the summer as her guest in San Jose!

How many lives in how many ways have been favourably effected by this one little migrant clinic....we'll never know completely. But we <u>do</u> know in part!